# A "Second Generation" Stilbestrol Alert

## A Memo to Physicians of California from the CMA Committee on Pharmacy and Therapeutics

DURING THE LATE 1940's and early 1950's many physicians administered diethylstilbestrol to high-risk pregnant patients. Now the medical profession throughout the country is confronted with an association between maternal ingestion of this medication and the appearance of vaginal adenocarcinoma in female offspring years later.

This note is a reminder to physicians to consider paying particular attention to the offspring of diethylstilbestrol-treated patients to check for vaginal cancer, at least yearly. In addition, physicians should watch for and investigate promptly cases of irregular vaginal bleeding or other symptoms that can be due to an early malignant lesion, particularly in the young female population.

If any such cases are found, they should be treated promptly, and a report* of such cases should be made voluntarily to the State Department of Public Health, which is collaborating with the National Registry in Boston.†

*For report forms contact E. Fasal, MD, Bureau of Adult Health and Chronic Diseases, 2151 Berkeley Way, Berkeley, Ca. 94704, telephone (415) 843-7900, ext. 656.

†Registry for Clear-cell Adenocarcinoma (Mesonephroma of the Genital Tract in Young Women), Warren 275, 275 Charles Street, Boston, Mass. 02114; Arthur L. Herbst, MD, Director; Robert E. Scully, MD, Pathologist.

**CLINICAL CARDIOLOGY SERIES**

# Treatment of Cardiogenic Shock

## Part II

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*Material Supplied by the American Heart Association*

### *Assisted Circulation*

AS INDICATED IN PART I of this review, the major abnormality in cardiogenic shock is failure of the left ventricle as an effective pump. Therefore considerable effort has been expended in the development of cardiac assist devices to help the left ventricle which has been damaged as a consequence of a myocardial infarction.

Many lessons concerning prolonged assisted circulation were learned from surgical procedures utilizing extracorporeal circulation. Although the heart-lung machine may take over completely the functions of oxygenation and pumping of blood, there are many limitations to this technique for patients in cardiogenic shock. The need for thoracotomy in a critically ill patient virtually rules out any potential efficacy of this approach. In addition, the problems of hemolysis, plasma protein changes, clotting, infection and post-perfusion lung make prolonged extracorporeal circulatory techniques unfeasible for patients with cardiogenic shock.

Modifications of total extracorporeal circulatory assist have been utilized as temporary measures to help support a failing circulation. Veno-arterial pumping is one of these modifications. With this method, blood is withdrawn through a cannula introduced into the central venous system from the femoral vein. Blood is pumped into the arterial system from the femoral vein. If the venous blood is passed through an oxygenator the patient is on

Part II of a two-part article. Part I appeared in the January issue.

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